

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 001136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/12/2015
NAME OF PROVIDER OR SUPPLIER LAKE PARK RESIDENTIAL CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2075 RIPLEY ST LAKE STATION, IN 46405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: August 11 and 12, 2015</p> <p>Facility number: 001136 Provider number: 001136 AIM number: N/A</p> <p>Residential Census: 126</p> <p>Sample: 12</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p>	R 000		
R 144	<p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency</p> <p>(a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>This RULE is not met as evidenced by: Based on observation and interview the facility failed to ensure the facility was clean and in a state of good repair related to burned out light bulbs, chipped paint and an accumulation of dirt on the molding of the bar, missing and stained ceiling tiles, holes in ceiling tiles, scuffed and marred walls and doors, an accumulation of dirt along the cove bases, discolored caulking around bath tubs and toilets, holes in the ceiling, discolored floor tiles, and soiled and stained hallway carpet on 2 of 2 floors. (The Activity Room, The Main Dining Room, and The First and Second Floors).</p>	R 144		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 144	<p>Continued From page 1</p> <p>Findings include:</p> <p>During the Environmental Tour with the Facility Operations Director on 8/12/15 at 3:45 p.m., the following was observed:</p> <p>The Activity Room:</p> <ul style="list-style-type: none"> a. Three over head light fixtures had burned out light bulbs. b. The bar had chipped paint and an accumulation of dirt on the molding. c. There were two missing ceiling tiles over the vending machines. <p>The Main Dining Room</p> <ul style="list-style-type: none"> a. There were multiple stained ceiling tiles. b. The walls were scuffed and marred. c. There was an accumulation of dirt along the cove bases. d. One over head light fixture had burned out light bulbs. <p>The First Floor</p> <ul style="list-style-type: none"> a. There was an over head light fixture with burned out light bulbs in the patio entrance hallway. b. The walls were scuffed and marred in the patio entrance hallway. c. The cove bases along the first hall had an accumulation of dirt. 	R 144		

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R 144	<p>Continued From page 2</p> <p>d. The entrance door and door frame to the second hall was marred.</p> <p>d. The entrance door and door frame was scuffed and marred in Room 100. The bedroom walls were scuffed and marred. Two residents resided in this room.</p> <p>e. There was discolored caulking around the bath tub in Room 133. There was an accumulation of dirt around the base of the toilet. Two residents resided in this room.</p> <p>d. There were holes in the ceiling tile in front of Room 156.</p> <p>e. There was a hole in the ceiling above the sink in Room 157. Two residents resided in this room.</p> <p>f. There was discolored floor tiles under the sink in Room 163. There was discolored caulking around the bath tub. The bathroom door paint was peeling. Two residents resided in this room.</p> <p>The Second Floor</p> <p>a. The ceiling tiles near the entrance to the second hall were stained. The ceiling tiles had multiple holes.</p> <p>b. The carpet was stained and soiled on the second hall.</p> <p>c. There was discolored caulking around the bath tub in Room 214. There was discolored floor tile behind the toilet. Two residents resided in this room.</p> <p>d. There was discolored floor tiles in front of the</p>	R 144		

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R 144	Continued From page 3 toilet in Room 234. Two residents resided in this room. Interview at the time with the Facility Operations Director indicated all the above was in need of cleaning and/or repair.	R 144		
R 154	410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency (k) The facility shall keep all kitchens, kitchen areas, common dining areas, equipment, and utensils clean, free from litter and rubbish, and maintained in good repair in accordance with 410 IAC 7-24. This RULE is not met as evidenced by: Based on observation and interview, the facility failed to ensure all kitchen areas were clean and in a state of good repair related to, a dusty light fixture over the stove, an accumulation of grease on the stove and grill, water between stacked dishes, and food stored on the top shelf of the freezer closer than 18 inches for 1 of 1 kitchens.. Finding includes: During the Kitchen Sanitation tour on 8/11/2015 at 8:40 a.m., with the Dietary Supervisor, the following was observed: a. The light fixture over the stove was dusty. b. The stove top burners and grill had an accumulation of grease. c. In the clean dish closet there were 8 bowls stacked on one another with water between them.	R 154		

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R 154	Continued From page 4 d. There were 6 boxes on the top shelf stored closer than 18 inches from the ceiling of the freezer. Interview at that time with the Dietary Supervisor indicated all the above were in need of cleaning and/or restocking.	R 154		
R 241	410 IAC 16.2-5-4(e)(1) Health Services - Offense (e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides. This RULE is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure medications were administered as ordered by the Physician related to the administration of the incorrect amount of nasal inhalations and the administration of a cardiac medication without checking an apical pulse. (Resident #7) Finding includes: On 8/12/15 at 8:05 a.m., RN #1 was preparing medication for Resident #7. RN #1 retrieved the resident's medications from her medication cart. The medications included, but were not limited to, Fluticason (nasal spray) 50 mcg (micrograms), the label on the box read, "One spray each nostril." She then walked over to the window of the nursing station and handed the medication to the resident and then turned her back and walked away without giving the resident administration	R 241		

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R 241	<p>Continued From page 5</p> <p>instructions. The resident was observed administering two sprays into each nostril. The nurse then returned to the resident and retrieved the nasal spray and placed it back into the box. During continued observation the RN was observed preparing the resident's pills. The pills included, but were not limited to, Digoxin (a cardiac medication) 0.125 milligrams (mg). The nurse dispensed the resident's medications into a white pill cup, walked back to the nursing station window and handed the resident her medications with a cup of water. The resident was then observed swallowing her pills. Interview at this time with RN #1 indicated she did not take an apical pulse prior to administering the cardiac medication because there were no orders indicating the resident's apical pulse should have been taken.</p> <p>The record for Resident #7 was reviewed on 8/12/15 at 2:20 p.m. The resident's diagnoses included, but were not limited to hypertension and diabetes.</p> <p>The Medication Administration Record (MAR), dated 8/2015, indicated, Fluticasone Spray 50 mcg, install one spray in each nostril twice daily. And Digoxin 0.125 mg, take one tablet by mouth daily, hold if apical pulse is less than 60. The documentation on the MAR indicated the resident's apical pulse had not been recorded on 8/11/15 and 8/12/15.</p> <p>The Nursing Service Plan, dated 12/7/14, indicated to monitor self administration of medications.</p> <p>Interview with the Director of Nursing (DON) on 8/12/15 at 2:30 p.m., indicated there were Physician orders on the MAR indicating an apical</p>	R 241		

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R 241	Continued From page 6 pulse should be taken prior to the administration of Digoxin and the medication should be held if the resident's pulse was less than 60. Continued interview indicated the RN should have given the resident instructions prior to handing her the nasal spray and she should have observed her as she self administered the nasal spray.	R 241		